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Growing Our Own: A Proposal for the Development of a Nurse Mentoring Program

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Growing Our Own: A Proposal for the Development of a Nurse Mentoring Program

Dawn M. Zeches

Submitted in partial fulfillment of the
requirement for the degree of
Masters of Arts in Nursing

AUGSBURG COLLEGE
MINNEAPOLIS, MINNESOTA

**Augsburg College
Department of Nursing
Master of Arts in Nursing Program
Thesis or Graduate Project Approval Form**

This is to certify that **Dawn Zeches** has successfully defended her Graduate Project entitled "**Growing Our Own: The Development of a Nurse Mentoring Program**" and fulfilled the requirements for the Master of Arts in Nursing degree.

Date of Oral defense June 18, 2012.

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Abstract

The process of mentoring is not a new concept in the world of business or in the world of health care. Mentoring has been implemented in many organizations and disciplines throughout the world and has been shown to yield many benefits including employee satisfaction, personal and professional growth, and organizational loyalty. This paper proposes a process to develop a nurse mentoring program for the Department of Nursing at Mayo Clinic. Highlights of the benefits that can be realized with the implementation of a nurse mentoring program, supporting literature and research, and challenges and barriers encountered when developing this proposal will be reviewed. In addition, Jean Watson's Theory of Human Caring will be endorsed as the foundation for the nurse mentoring program for the Department of Nursing at Mayo Clinic in Rochester, Minnesota. This paper will explain why a nurse mentoring program based on Watson's concepts of caring can be a valuable tool that will provide gains to the participants in the program, the Department of Nursing, the organization, and the patients.

Keywords: Caring Theory, Jean Watson, Mayo Clinic, mentoring, nursing

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Dedication

I would like to dedicate this work to my mother, Gladys Duellman, who encouraged me to enter the nursing profession when I was Senior in high school. Her guidance and support made me the person I am today. Although she is not here to see me graduate with my Master's degree, I know she is here with me in spirit and is very proud of all that I have accomplished. I miss you and love you, Mom!

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Chapter One: Introduction

The nursing profession has become increasingly complex and, at times, overwhelming for many individuals who practice in the current environment of health care. In fact, Hinshaw (2008) identifies that the nursing profession is attempting to navigate the perfect storm as nurses make every effort “to build cultures of safety while simultaneously handling an epic crisis in workforce issues” (p. S4). These workforce issues make it difficult to succeed in the multifaceted landscape of nursing. Nurses must constantly absorb new knowledge and skills to maintain competency in their practice. The ever-changing health care field necessitates that nurses have an understanding of documentation requirements, evolving disease manifestations, current treatment modalities, and complex technology innovations. Nurses have become technically and scientifically competent and specialized, but many have lost a sense of meaning in their work (Williams, McDowell, & Kautz, 2011). This barrage of information can leave many nurses, especially novice nurses, questioning their decision to enter the field of professional nursing. It is important that nurse leaders find a way to support all nurses, novice and experienced, to sustain the profession's invaluable role in health care.

According to Fox (2010), “mentoring can help to ease the transition for newly hired registered nurses because in the first 12 to 24 months of employment nurses face a critical time when they can easily become overwhelmed and leave” (p. 312) their position or even the nursing profession. Novice nurses are guided and supported when first entering the nursing field, but once the novice nurse has completed orientation and no longer has an experienced nurse partner or preceptor to assist with knowledge and practice questions, there can be a sense of feeling lost or even abandoned. The questions

that novice nurses have can pertain to many things including how to page the operating room supervisor, how to handle a belligerent patient, or what medication is best to give a patient who is experiencing pain when a physician has ordered more than one type of analgesic. After orientation, challenges for novice nurses must be handled alone without an assigned colleague there to guide them. This period can be a pivotal point in a nurse's career, so it is vital that he or she feels there is somewhere or someone to turn to for help. The period after orientation is one example of when a mentoring program would be of great benefit to inexperienced nurses.

Wagner and Seymour (2007) define mentoring as “a broad role that encompasses formal and informal supporting, guiding, coaching, teaching, role modeling, counseling, advocating, networking, and sharing” (p.202). A nurse can evolve personally and professionally, overcome many obstacles, and develop into a wise, intuitive, respected, and clinically competent professional through guided mentoring. Also, mentoring can promote connectedness to the profession and the organization. As novice nurses gain increased confidence in their skills and abilities, they realize they can be efficient and effective caregivers. Novice nurses begin to see the value in the cares they provide and, as a result, the profession of nursing becomes more fulfilling and rewarding. Thus, the connection and support provided to novice nurses could help alleviate the feelings of loss and abandonment and decrease the feeling of being overwhelmed. Mentoring a novice nurse can facilitate the development of a competent, confident nurse rather than one who is scared, overwhelmed, and disenchanted with the nursing profession and the complex health care system.

There are many benefits that can be realized with the development of a mentoring program, not only for novice nurses, but also for the department of nursing, the health care organization, and the patients. An effective nurse mentoring program which provides education, support, advice, and collegiality can assist many nurses, inexperienced and experienced nurses alike, in overcoming the various challenges facing the profession. Race and Skees (2010) identify “through effective mentorship, [mentors] can positively impact our health care organizations; improve job satisfaction; and promote professional development and empowerment. [Mentoring] can result in improved nursing care, high quality health care and improved patient outcomes” (p.163). In addition, a well-organized nurse mentoring program can be an effective tool to recruit and retain nurses and will benefit not only the mentees but the mentors as well (Burr, Stichler, & Poeltler, 2011). Also, research supports that people who have worked successfully with a mentor have more promotions, increased incomes, increased career satisfaction, and increased mobility (Schwiebert, 2000).

As nurses find increased fulfillment in their jobs and feel less burnout and dissatisfaction, they are more likely to choose to continue working in the nursing profession. This trend could ultimately affect the number of nurses in the workforce and impact the current and projected nursing shortage. It is predicted that the United States will have a shortage of 260,000 nurses by the year 2025 which would be twice as large as any nursing shortage experienced since the mid-1960s (American Association of Colleges of Nursing, 2012). The nursing shortage is multi-factorial; however, any efforts implemented that would positively impact the projected nursing shortage could benefit the health care industry by facilitating the retention of nurses.

Currently, the Department of Nursing at Mayo Clinic in Rochester, Minnesota does not have a mentoring program. Although the Department of Nursing has achieved Magnet certification, which recognizes organizations for excellence in nursing, a mentoring program in the Department of Nursing would further enhance the excellent work environment at the renowned organization. The development of a mentoring program can continue to foster the high level of professionalism and the culture of caring that exists in the Department of Nursing and for the entire enterprise of Mayo Clinic.

Purpose of the Project

The purpose of this project is to propose development of a nurse mentoring program for the Department of Nursing at Mayo Clinic in Rochester, Minnesota for any nurse, novice to expert, who seeks additional guidance, support, and professional growth. Novice nurses may have confusion regarding what professional opportunities or additional education is available to them. A mentoring program can facilitate the novice nurse in understanding those opportunities. Experienced nurses transitioning to new positions may want a colleague to assist them in overcoming the challenges and anxiety experienced during that transition; a mentoring program would also fulfill this need. Thus, a nursing mentoring program for the Department of Nursing can be a valuable tool for many nurses at Mayo Clinic in Rochester, Minnesota.

The Department of Nursing at Mayo Clinic in Rochester, Minnesota offers an extensive orientation for novice nursing staff, but after the orientation process is completed, nurses are on their own to carve out a professional path and find their niche within the organization. A nurse orientation program is quite different from a nurse mentoring program, although these two terms can sometimes be confused. During

orientation for the Department of Nursing at Mayo Clinic in Rochester, Minnesota novice nurses are acclimated to their new position using a skills-based approach that generally requires a 10-12 week time frame. A novice nurse is assigned preceptors during this time frame. A preceptor is a clinically competent nurse with a desire to educate novice nurses. The preceptor assists the novice nurse to attain the required knowledge and skills to practice safe, efficient, and therapeutic care. According to Morton-Cooper and Palmer (2000), a preceptor program is clinically focused and time limited to help [novice] nurses adapt to new work environments. There may be multiple preceptors involved in the orientation process for just one novice nurse. In addition, the nursing education specialist, along with the nurse manager, oversees the entire process to ensure the new nurse is ready to provide safe patient care. Generally, novice nurses are eager learners and are ready to absorb any and all information possible to guarantee success. However, once this process and time frame ends, the Department of Nursing at Mayo Clinic in Rochester, Minnesota has limited options available to assist nurses to continue their journey of professional development. A nurse mentoring program can provide an additional process for nurses to continue to receive the guidance and support desired after the orientation process is complete. In addition, the mentoring program can continue throughout a nurse's career and can be available whenever he or she finds a need for this type of support, guidance, or collegial advice.

Morton-Cooper and Palmer (2000) identify that mentoring is a relational humanistic process that enriches nursing clinical practice with a deeper, holistic focus that optimizes nurturing the whole person. Thus, mentoring can occur throughout a nurse's career and provides the ongoing guidance to facilitate personal and professional growth. When

effective, “mentoring can foster collegial relationships and improve morale as well as improve nurses' confidence, promote professional development, and encourage lifelong learning” (Race & Skees, 2010, p. 165).

Significance of the Project

Developing a nurse mentoring program at Mayo Clinic in Rochester, Minnesota is significant because it will provide a much needed avenue for nurses to continue personal growth and professional development through the assistance of a trusted mentor.

Generally, after 2 to 3 years of employment in a hospital staff nurse position, a novice nurse has acquired the necessary knowledge and skills to be competent in his or her position (Current Nursing, 2012) and begins to contemplate what opportunities might be in the future. With the development of a mentoring program for the Department of Nursing, the mentors could continue to cultivate and strengthen the culture of caring with the mentees which would benefit the organization and ultimately, the patients.

Many Fortune 500 companies have utilized mentoring programs to promote and maintain a culture of excellence. A survey of Fortune 500 companies reveals that 71% use mentoring in their organizations and 96% report that mentoring is an important employee development tool (State of New Hampshire, 2008). In addition, 77% of the Fortune 500 companies indicate that having a mentoring program improved both employee retention and job performance. Furthermore, a survey of college and graduate students reveals that 60% say that the availability of mentoring is a key factor when selecting a job (State of New Hampshire, 2008). These statistics support the many benefits that can be achieved from implementing a mentoring program for the Department of Nursing at Mayo Clinic in Rochester, Minnesota.

Another significant factor to support development of this project lies within events that are already occurring inside the Department of Nursing at Mayo Clinic. Nurses have started their own mentoring programs at a grassroots level, without the existence of formal departmental support and guidance. Individual nursing units have actualized mentoring programs on a smaller scale using whatever resources are available to meet this need. However, it is important to point out that the individual nursing units that have implemented mentoring programs have had mixed success. There can be difficulty maintaining momentum and sustaining program relevancy if the individual(s) who started the program leaves or loses passion for the project. In addition, time and resource constraints can be a problem for these individuals so it can be difficult to continue to put forth the extra effort to coordinate the unit-based mentoring program. Because there is evidence that there are grassroots efforts to establish mentoring programs amongst individual nursing units, a formalized, structured framework for a mentoring program that would support the entire Department of Nursing would be of great benefit.

The nurse mentoring program offered would allow the Department of Nursing to manage mentoring efforts, evaluate the effectiveness of the program, provide broad informational and educational opportunities targeting specific topics of interest, and facilitate mentor-mentee matches that would be taken from an extensive departmental pool rather than an individual nursing unit pool. A nursing unit generally has 50 to 100 nurses that work in a particular specialty area within the medical organization, such as a cardiology unit. Thus, nursing unit mentoring programs have a smaller pool of nurse mentors to match with a mentee. Expanding the pool of possible mentors to include nurses from the entire Department of Nursing would optimize the possibilities for a

successful mentor-mentee match. For example, there could be a mentor from a cardiac unit matched with a mentee from an oncology unit. Even though the nurses practice in different specialty areas, their personalities and interests might be the perfect complement to facilitate a successful mentoring relationship.

In addition to staff nurses, the Department of Nursing at Mayo Clinic in Rochester, Minnesota is fortunate to have advanced practice nurses who may be available to assist in a mentoring role. The Department of Nursing employs clinical nurse specialists, nursing education specialists, and nurse managers. Any or all of these individuals could be utilized in a mentoring relationship, but, again, there is no current program that supports this effort. Unless an advanced practice nurse is passionate about assisting an individual in personal and professional growth, a formal mentoring relationship does not occur spontaneously. An established nurse mentoring program supported by the Department of Nursing would facilitate involvement of interested advanced practice nurses in the mentoring program because it would be an identified priority and be integrated into the advanced practice nurse's workload. Thus, interested staff nurse leaders and advanced practice leaders could participate in the mentoring role and foster the culture of excellence and caring environment that exists at Mayo Clinic and in the Department of Nursing.

Wagner and Seymour (2007) have identified that providing support through a nurse mentoring program has been shown to increase staff satisfaction, leadership, competence, and retention of employees. Thus, a nurse mentoring program would not only perpetuate a culture of excellence, it would benefit recruitment and retention efforts, facilitate

organizational loyalty, increase job satisfaction, and advance personal and professional development.

Supporting Nursing Theoretical Foundation

When developing a successful nurse mentoring program, it is important that consideration be given to the objectives and goals of the organization. The philosophy or concepts underlying a nurse mentoring program should coincide with the philosophy of the institution and the principles of the area that the mentoring program will support. For this project, the area of focus is the Department of Nursing at Mayo Clinic in Rochester, Minnesota. Race and Skees (2010) state “the goals, vision, values, morals, and ethics of the organization and that of the mentoring program need to be aligned” (p. 166). If there is a congruence of these factors, then there is an increased probability for success of the program.

Mayo Clinic's primary value is the needs of the patient come first. Most employees can readily identify this statement as the number one guiding principle for all operations at the organization. The Department of Nursing has adopted a nursing care model that supports this primary value. The care model is entitled Relationship Based Care (Mayo Clinic, 2007). This care model focuses on the relationship that the nurse develops with the patient and the moments of caring that occur during interactions between the nurse and patient. At any time during the patient and nurse encounter, the nurse has the opportunity to participate in many roles for the patient. Some of these roles include that of being a teacher, caring healer, problem solver, and vigilant guardian. The nursing care model puts the needs of the patient first and foremost in the delivery of nursing care.

The Relationship Based Care model is supported by Jean Watson's nursing theory entitled the Theory of Human Caring (Watson, 1979). Utilizing this theory to develop and implement a nurse mentoring program for the Department of Nursing at Mayo Clinic in Rochester, Minnesota would enhance the organization's primary value and the principles supporting the Department of Nursing's care model. The cohesion between Mayo's primary value, the Department of Nursing's principles, and the framework utilized by the nurse mentoring program would perpetuate the culture of caring and emphasize the long-standing "patient first" mindset.

In 1979, Watson first described her Theory of Human Caring in her book entitled *Nursing: The Philosophy and Science of Caring*. The Theory of Human Caring is based upon the premise that the human component of caring is essential for health, healing, and the overall well-being of the person being cared for. In addition, Watson's definition of human caring considers not only the one being cared for but the caregiver as well.

Fawcett (2002) quotes Watson to say,

the core of the human caring theory is about human caring relationships and the deeply human experiences of life itself, not just health-illness phenomena, as traditionally defined within medicine. The theory is about a different way of being human, a different way of being present, attentive, conscious, and intentional as the nurse works with another person. (p. 215)

Because the central theme of "care" resonates throughout Watson's Theory of Human Caring, many nursing professionals who interact with patients find Watson's work to be particularly poignant and applicable to the interactions and work nurses provide each and every day (Sitzman & Eichelberger, 2011, p. 50).

Jean Watson's Theory of Human Caring: *Caritas Processes*

1. Practicing loving-kindness and equanimity for self and other
2. Being authentically present; enabling/sustaining/honoring deep belief system and subjective world of self/other
3. Cultivating one's own spiritual practices; deepening self-awareness, going beyond "ego self"
4. Developing and sustaining a helping-trusting, authentic caring relationship
5. Being present to, and supportive of, the expression of positive and negative feelings as a connection with deeper spirit of self and the one-being-cared-for
6. Creative use of self and all ways of knowing/being/doing as part of the caring process (engaging in artistry of caring-healing practices)
7. Engaging in genuine teaching-learning experiences within context of caring relationship - attend to whole person and subjective meaning; attempt to stay within other's frame of reference (evolve toward "coaching" role vs. conventional imparting of information)
8. Creating healing environment at all levels (physical, non-physical, subtle environment of energy and consciousness whereby wholeness, beauty, comfort, dignity and peace are potentiated (Being/Becoming the environment)
9. Reverentially and respectfully assisting with basic needs; holding an intentional, caring consciousness of touching and working with the embodied spirit of another, honoring unity of Being; allowing for spirit-filled connection
10. Opening and attending to spiritual, mysterious, unknown existential dimensions of life-death-suffering; "allowing for a miracle"

Figure 1. Caritas Processes (Watson, 2008, p.31)

Watson's Theory of Human Caring has three major conceptual elements which are (a) the carative factors, (b) transpersonal caring relationships, and (c) caring moments or

caring occasions (Watson, 2012). The first conceptual element of Watson's Human Caring Theory is the carative factors. The original carative factors from Watson's theory evolved into the clinical *Caritas processes* (see Figure 1) and have a more spiritual dimension than the original carative factors. The clinical *Caritas processes* are an attempt to "honor the human dimensions of nursing's work and the inner life world and subjective experiences of the people we serve" (Watson, 1997, p. 50). These processes include elements that should be present during caring interactions and include sensitivity to self and others, faith-hope, sharing teaching and learning, and developing helping-trusting-caring relationships. The processes focus on the ways in which relationships and interactions occur to allow a connection, physical, spiritual, and emotional, to develop and blossom between two individuals.

The second conceptual element, transpersonal caring relationships, goes beyond an objective assessment and shows concern for the client's own health and overall well-being. The transpersonal caring relationship highlights the individuality of both persons and the mutuality between them; this allows both persons to reach a deeper spiritual connection as they search for meaning and wholeness (Watson, 2012).

The final conceptual element of The Human Caring Theory is the caring moment or caring occasion. The caring moment is the time when the caregiver and the person being cared for unite in such a way that an occasion for human caring is created. A caring moment consists of actions and choices made by both the nurse and patient and presents each with the opportunity to determine how they will interact and participate in the relationship (Sitzman & Eichelberger, 2011, p. 53). Because the caring moment/occasion involves the one being cared for and the caregiver, Watson believes that the caring

moment also impacts the caregiver. Both participants in the caring moment are affected by the interaction and the relationship that develops. Experiencing the caring moment could explain why many in the nursing profession find positive regard and personal satisfaction in the interactions and assistance they provide to patients and families.

Although Watson developed this theory as a framework for developing a nurse-patient relationship, Watson's Theory of Human Caring can be easily integrated within the caring relationship that develops between a nurse mentor and mentee, as well. The conceptual elements of this theory can be the supporting foundation for the nurse mentoring program and can foster the caring relationship that develops between the nurse mentor and the mentee. Utilizing the Theory of Human Caring framework will encourage caring, trust, honesty, and open communication and provide an ideal foundation on which to build a nurse mentoring program. Caring for our colleagues in the nursing profession through supportive mentoring is of utmost importance in the challenging health care environment. Watson's theory contains the ideal concepts to develop a successful nurse mentoring program. Further review and application of Watson's Theory of Human Caring and its application to the mentoring process will be reviewed in more detail in subsequent chapters.

Conclusion

The nursing profession is a rewarding and valuable career. Nurses have the opportunity to make great contributions to health care and society. Nurses are the most trusted profession in the nation so it is important that this recognition continues to be earned through demonstrated knowledge and skill (Jones, 2011). Thus, it is vital that efforts are made to promote the personal and professional growth of nurses, at all levels,

so that the quality and quantity of nurses available to care for our society is adequate to meet the demand for services and the complexity of care. A nurse mentoring program is one way that career growth and development can be fostered to facilitate nursing excellence and promote a culture of competence and professionalism.

There are many factors to consider when developing a nurse mentoring program. It is important to determine what type of mentoring program is best for a particular department of nursing based upon the culture that exists at the health care organization. Review of the literature in the following chapter will provide support for establishing a mentoring program for the Department of Nursing at Mayo Clinic in Rochester, Minnesota. Furthermore, definitions, concepts, and discussion of the factors to consider when developing a nurse mentoring program will be shared so that a thorough understanding of the process of developing a mentoring program can be understood.

Mentoring programs are a valuable tool for employee growth. It is time that the Nursing Department at Mayo Clinic in Rochester, Minnesota utilizes a tool to support and sustain the culture of excellence and caring that exists at the medical organization. Great rewards will not only be realized by the employees that participate but by the Department of Nursing, the organization as a whole, and, most importantly, the patients.

Chapter 2: Review of Relevant Literature

In order to understand the importance of developing a nurse mentoring program for the Department of Nursing at Mayo Clinic in Rochester, Minnesota, it is helpful to understand some facts about this world-renowned organization. Mayo Clinic is one of the largest private practice health care organizations in the world. It is comprised of three major campuses which are located in Rochester, Minnesota, Jacksonville, Florida, and Scottsdale, Arizona. In addition, there are many other medical facilities affiliated with Mayo Clinic located in the surrounding regions of the three major campuses. These hospitals and clinics are collectively called Mayo Clinic Health System. Mayo Clinic is currently rated one of Fortune Magazine's top 100 companies to work for (Great Place to Work Institute, 2012) and is consistently rated as a top health care organization by US News and World Report (2012). Maintaining service excellence and achieving high standards of care are important goals for all who work at the three major campuses and the Mayo Clinic Health System affiliates.

The Department of Nursing at Mayo Clinic is well respected within the organization and is recognized as a leader by national nursing organizations and accrediting agencies. The Department of Nursing achieved Magnet status in 1997 and continues to hold this recognition. Magnet status signifies that an environment exists in a department of nursing that supports exemplary professional practice, provides excellence in service to patients through new knowledge, innovations, and improvements, promotes transformational leadership, and encourages structural empowerment (American Nurses Credentialing Center, 2012). Implementing a mentoring program for the Department of

Nursing at Mayo Clinic in Rochester, Minnesota would provide additional support in developing nursing staff, which is a significant priority for the Department of Nursing.

The Department of Nursing employs approximately 7,000 nurses at the Mayo Clinic Rochester campus. The nurses work in inpatient and ambulatory settings. The Rochester campus has 52 separate inpatient nursing units dispersed between two hospitals and a level one emergency department. The Department of Nursing for all three campuses is managed by one chief nursing officer who is located at the Rochester campus. The chief nursing officer works collaboratively with nursing leaders at affiliated sites to achieve departmental goals. This organizational framework for the Department of Nursing ensures standardized practices are implemented and consistent departmental priorities are communicated to facilitate an understanding and appreciation of the mission, vision, and values of the organization. The Department of Nursing at Mayo Clinic strives to be a model of efficiency, effectiveness, and excellence for nurses throughout the United States.

The Department of Nursing at Mayo Clinic is a leader in providing quality nursing care to meet complex patient care needs. For many patients, coming to Mayo Clinic for care and treatment may represent their best option or only hope for dealing with a devastating illness. Along with other members of the health care team, the nursing staff is able to provide this quality patient care and instill hope by using state-of-the-art equipment and supplies. All of these efforts are supported by nursing practices that are substantiated by the most recent research which, in turn, promotes optimal health and well-being of the patient.

Nurses at Mayo Clinic have a variety of educational backgrounds including associate, diploma, bachelors, masters, and doctoral degrees. In addition, there are licensed practical nurses employed by the Department of Nursing. The nurse mentoring program that will be proposed and recommended for implementation for the Department of Nursing at Mayo Clinic will be piloted on the Rochester campus initially and will be available to nurses of all educational backgrounds and levels of experience. After evaluation of successes and challenges are completed and necessary revisions implemented, it is hoped that the nurse mentoring program will be offered to nurses at the other two Mayo Clinic campuses followed by the remaining affiliated health system sites.

Background

A nurse mentoring program for the Department of Nursing at Mayo Clinic in Rochester, Minnesota can add significant value to the department's goals and objectives. Schwiebert (2000) states there is a correlation

between mentoring and increased employee productivity, enhanced organizational commitment, and lower levels of turnover. [In addition, mentoring] provides benefits to organizations because protégés are identified and groomed for [leadership] positions, and employees become socialized to the companies' values through the mentoring process. (p. 6)

Implementing a nurse mentoring program for the Department of Nursing would enhance the organization's efforts for excellence and support the overall culture and values of Mayo Clinic.

The vision of the Department of Nursing at Mayo Clinic is to provide the best nursing care in the world; this is accomplished through the goals identified by the Department of

Nursing operating plan which are to provide a professional environment, encourage continuity of care, and ensure professional nurse accountability (Mayo Clinic, 2011). The Department of Nursing has many excellent systems in place to assist in attaining these goals. These systems include free educational classes which meet continuing education requirements, tuition reimbursement for academic pursuits at accredited colleges and universities, staff nurse committee involvement, and shared decision making. Support from a nurse mentoring program can provide additional reinforcement to meet the goals and objectives of investing in continuous staff development to improve staff satisfaction and retention and to achieve the highest levels of outcomes, safety, and service for patients (Mayo Clinic, 2011).

Mentoring has existed for many years in a variety of disciplines and in many organizations. Although mentoring has endured through many changes in the business and health care world, the definition and process of mentoring can mean different things to different people. Furthermore, the definition and process of mentoring continues to evolve and is influenced by the particular discipline that is incorporating the mentoring process into its practice. One definition of mentoring identifies that mentoring is a “collegial [relationship] that potentiates and empowers each person. Through these [relationships], professionals share information, teach each other, and strengthen the profession by ensuring an adequate supply of competent practitioners and leaders” (Vance & Olson, 1998, p. 3). Another definition describes mentoring as a “relationship with someone, [who the person] may not work with regularly, for a defined period of time and for a specific purpose” (Mayo Foundation for Medical Education and Research, 2010). An additional definition, and one that bests supports the mentoring process for

this mentoring project for the Department of Nursing at Mayo Clinic in Rochester, Minnesota states “mentoring in nursing encompasses a guided, non-evaluated experience, formal or informal, assigned over a mutually agreed-on period of time that empowers the mentee to develop personally and professionally within the auspices of a caring, collaborative, and respectful environment” (Grossman, 2007, p. 2). Using the latter definition to guide the development of a nurse mentoring program can lead to a meaningful and successful program that supports Mayo Clinic nursing staff throughout their careers and facilitates the attainment of personal and professional goals.

The terms mentor and mentee are important to understand when developing a mentoring program. The mentor has many responsibilities and must be committed to developing and supporting the mentee. The mentor is defined as

a supportive, facilitative partner who works with a mentee in an evolving learning relationship that is focused on meeting mentee learning goals to foster professional growth. . . .The mentor [is] willing to create a relationship that [goes] beyond sharing clinical knowledge and expertise. (Latham et al., 2011, p. 346)

A mentor’s primary responsibility is to assist in the professional growth and development of a mentee. A mentee is defined as a person who has a genuine interest in personal growth and professional development who has a strong commitment to learning and acquiring new skills and is able to receive honest, constructive feedback. In addition, the mentee is trustworthy, able to maintain confidentiality, and has a sense of self and personal vision (State of New Hampshire, 2008). These qualities will foster a strong mentoring relationship and can help the mentee achieve the personal and professional growth desired.

The time frame for a commitment to a mentoring relationship can vary based upon the needs of the mentee and the goals set forth in the initial mentor-mentee meetings. This commitment to mentoring will often demand additional time outside of normal work hours, so it is important that mentors and mentees understand the extra effort necessary to sustain the mentoring relationship. It is anticipated there will be allotted time for both participants to attend an orientation session about the expectations and process of the nurse mentoring program (see Appendix A for a suggested outline of orientation curriculum). This session would be approximately 2-4 hours in length. However, after the initial orientation, the remainder of the meetings will probably need to be completed during personal time.

The role of the mentor is another aspect of the nurse mentoring process that must be clearly understood by both persons in the mentor-mentee relationship. The mentor will fulfill the roles of counselor, teacher, advisor, coach, and friend, however, a mentor is not generally involved in any formal evaluations of the mentee which would be part of the mentee's personnel file. The evaluation component for a novice nurse is generally completed by a preceptor. A mentor is different from a preceptor. A preceptor is defined as

a person who demonstrates a high level of knowledge, clinical proficiency, and professionalism and who serves as a clinical resource to and evaluator of new employees in a clinical care setting. . . .The preceptee accepts a preceptor's guidance and direction until competent to perform independent work. (Latham, Ringl, & Hogan, 2011, p. 346)

Thus, a preceptor fulfills his or her role for a set period of time and then the relationship with the orientee is complete. The relationship involves teaching and evaluating the orientee's skills and knowledge to ensure competence.

In order to be a successful mentor there are many qualities and traits that an individual should possess to promote a trusting relationship with the mentee. Qualities and traits that have been identified include a genuine interest in the mentee, sensitivity to other's needs and development, excellent listening skills, commitment, confidentiality, and excellent coaching and feedback skills (State of New Hampshire, 2008, p. 3). These qualities promote a successful mentor-mentee relationship and foster the growth and development of the mentee. Also, these qualities support the establishment of a caring relationship. A mentor would not be able to be sensitive to another's needs or show genuine interest in the mentee if he or she did not care about the mentee and the relationship. The caring aspect of the interactions is significant and critical to the success of the mentoring relationship. Watson's Theory of Human Caring emphasizes the importance of caring in human-human interactions, as well, and is the ideal nursing theory to provide the supporting framework for a nurse mentoring program.

Conceptual Framework Developed

Concepts from Watson's Theory of Human Caring are most often thought of in a nurse-client or nurse-patient relationship, however many of these same concepts can be applied to a nurse mentor-mentee relationship. Nurses understand that providing a caring environment to patients is important, but they may not be aware that it is equally important to provide a caring culture for one another to sustain a healthy work environment.

The concept of caring within nurse-nurse relationships would seem to be a natural phenomenon for the nursing profession since caring is such an important aspect of the nurse-patient relationship. However, nurses often report this is not the case. Sometimes nurses encounter animosity and resistance from other nurses when beginning a new position; therefore, a caring environment is not at all perceived when it comes to a nurse's own personal experiences during the early years of their nursing career. Acclimation to a new hospital unit and acceptance as a member of the nursing staff can be challenging. At times, some experienced nurses may provide challenges to novice nurses to test their resiliency and commitment to the profession. Confronting this non-inclusive environment with a nurse mentoring model based on Jean Watson's Theory of Human Caring would be one way to assist nurses to confront these challenges and facilitate a smooth transition into the nursing unit. Encountering a caring culture in which nursing staff embrace new members would be a positive step for the nursing profession.

One of the tenets of Watson's Theory of Human Caring is the *Caritas processes*. The *Caritas processes* emphasize ways of being and interacting with another person. The *Caritas processes* can be easily adapted to a mentor-mentee relationship and promote a caring, nurturing environment for both participants thereby fostering a caring culture on nursing units as well. The *Caritas processes* provide a framework for the mentor-mentee relationship to develop and unfold. This supportive and caring foundation allows for the establishment of trust, promotes honesty, and is a key factor in the initial development of the mentor-mentee relationship. Ultimately, the positive relationships that develop will facilitate open communication and caring interactions amongst all mentor-mentee pairs.

There are three *Caritas processes* that exemplify how the caring behavior of the mentor can be demonstrated to facilitate a successful, meaningful, and caring relationship for the mentor-mentee dyad. The elements of Watson's Theory of Human Caring that highlight the interactions of the mentor are the first, second, and fourth *Caritas processes*. The first *Caritas process* is “practice-loving kindness and equanimity for self and other” (Watson, 2008, p. 31). The second *Caritas process* states one should “be authentically present; enabling/sustaining/honoring deep belief system and subjective world of self/other” (Watson, 2008, p. 31). The fourth *Caritas process* identifies it is important to “develop and sustain a helping-trusting, authentic caring relationship” (Watson, 2008, p. 31). These three *Caritas processes* will be explored in further detail in the following paragraphs to explain the significance of developing a caring relationship between the nurse mentor and nurse mentee.

The principles of Watson's Theory of Human Caring and its application to nurse-nurse relationships have been analyzed by other individuals in the nursing profession. For example, Wagner and Seymour (2007) developed a model for caring mentorship; the authors identify that mentoring is about relationship and relationship building (p. 205). Roach (2002) describes how mentoring characteristics are closely aligned with caring attributes of intentional presence, respect, “compassion, competence, confidence, conscience, and commitment” (as cited by Wagner & Seymour, 2007, p.203). All of these caring attributes can be linked to Watson's *Caritas processes*. For example, the caring mentor attribute of compassion can be correlated with the first *Caritas process* in Watson's theory which states “practice-loving kindness and equanimity self and other” (Watson, 2008, p. 31). Wagner and Seymour (2007) found that mentoring is a complex,

multidimensional process. It requires reflection, knowledge of self and profession, knowledge of mentoring processes and skills, and communication and social skills (p. 209). By providing a caring foundation, transformative mentoring relationships can develop and ultimately yield positive results for the mentee, mentor, and the organization.

Another way to incorporate a caring culture is to weave this philosophy into leadership training so the caring behaviors can be modeled by leaders, management, and administration. Watson's Theory of Human Caring was instrumental in developing the McDowell-Williams Caring Leadership Model (Williams, McDowell, & Kautz, 2011). This model incorporates Watson's concepts and philosophy of caring with that of a leadership theory. It is posited that a "model for caring leadership can provide a foundation for establishing the caring culture that is critical for our future and for providing leadership necessary to face the uncertainty and changes ahead" (Williams et al., 2011, pp.34-35) for health care organizations. Thus, other scholars have also realized the importance of caring and the significance of establishing caring cultures to foster a healthy work environment. With the framework of caring supported by management and administration as demonstrated by their own actions and behavior, a nurse mentoring program based on Watson's Theory of Human Caring is more likely to be accepted into the nursing environment's culture. This information regarding leadership and caring correlates with Watson's second *Caritas process* which states "be authentically present; enabling/sustaining/honoring deep belief system and subjective world of self/other" (Watson, 2008, p. 31). When nurse managers and supervisors provide leadership with a caring and nurturing foundation, a mentoring program will be fostered that supports this same type of philosophy.

The fourth *Caritas process* in Jean Watson's Theory of Human Caring identifies one must “develop and sustain a helping-trusting, authentic relationship” (Watson, 2008, p. 31). This is a prime example of how Watson's Theory of Human Caring supports the development of caring mentor-mentee relationships and assimilates well into a mentoring program. As mentor-mentee pairs increase their understanding and practice with the necessary components that promote caring collegial relationships, the more likely this type of culture will be fostered and replicated within the Department of Nursing. Thus, these positive and caring nurse mentor-nurse mentee relationships will be crucial to the success of the mentoring program.

Connection to Prior Scholarly Work

Review of the literature and prior research reveals support for the implementation of mentoring programs in a variety of organizations and in many different disciplines. In addition, the literature and research has identified challenges encountered with the implementation of mentoring programs. Fortunately, the literature also suggests solutions to overcoming these barriers. The remaining portion of this chapter will examine previous research studies and scholarly work that can assist in the development of a nurse mentoring program for the Department of Nursing at Mayo Clinic in Rochester, Minnesota.

Neary (2000) completed two studies evaluating the question “what happens in nursing practice in relation to assessing clinical competence of nursing students and the support [students] receive during their [education program]?” (p. 463). Neary's research highlights one of the common challenges faced by organizations that develop mentoring programs; that challenge is differentiating the roles of preceptor, mentor, and supervisor.

The first study completed by Neary is based on the experiences and perceptions of skilled practitioners and students from three colleges of nursing. The second study “aims to establish the process and outcomes of practitioner-teachers and mentorship . . . [and analyzed] the factors underpinning the mentor role, selection, and relationship with students” (p. 463). Both studies use qualitative and quantitative methods. Neary asked the study participants to respond to each of the following questions: 1) In my capacity as a mentor to student nurses my responsibilities are: ____; 2) In my capacity as a supervisor to student nurses, my responsibilities are: ____; and 3) In my capacity as a named assessor, my responsibilities are: ____ (p.465). The practitioners identified words and phrases that best represented these roles based upon their personal experience.

Although there were many descriptive terms to identify the key behaviors utilized in mentoring, supervising, and assessing, Neary observed in both of her studies that there was no common agreement amongst practitioners regarding the precise responsibilities and functions in the roles of mentor, supervisor, and assessor (p. 465). Neary questions, “how can we have an effective, let alone unified system of preparing assessors and mentors unless we are clear what it is they do and ought to do?” (p. 465). Based upon the conclusions of this study, it is very important that the roles and definitions of the mentor and mentee be clearly understood when developing a nurse mentoring program.

Confusion regarding roles and responsibilities can occur if the terms are not understood.

Also, Jakubik, Eliades, Gavriloff, and Weese (2011) evaluated the mentoring process and intended to substantiate previous findings by Jakubik “with regard to predictors of mentoring benefits and to further explore the relationship between length of employment and mentoring benefits” (p. 156). The premise of the study was to substantiate that the

combination of mentoring quality, mentoring quantity, mentoring type, and length of employment is a more accurate predictor of mentoring benefits than any one of these factors alone (Jakubik et al., 2011). The study used a descriptive, correlational design. In reviewing the results of this study, the hypothesis was supported. In addition, the results revealed that the most important and significant predictor of mentoring benefits was mentoring quality and that high-quality mentoring relationships may have a role in the length of time a mentee remains employed at the organization. The finding that the quality of mentoring is the single most important factor in mentoring benefits substantiates Jakubik's previous research (Jakubik et al., 2011, p. 160). This study highlights the importance of selecting quality mentors for the mentee. Special emphasis must be given to the criteria and characteristics that must be demonstrated by the mentor to ensure a successful mentoring program.

In a study completed by Fox (2010) new nurses' satisfaction and turnover rates as correlated to mentoring are analyzed. Recruitment and retention of nurses is of pressing concern in today's health care environment. As the population ages and society continues to demand the best and most advanced health care, organizations must ensure they have the most qualified and knowledgeable nurses. Being able to recruit the best nurses and decrease turnover is an important task in order to confront these health care demands. Fox's research demonstrates that a mentoring program dramatically decreased turnover among first-year registered nurses at her organization, St. Francis Hospital and Health Centers in Beech Grove, Indiana. In 2004, the turnover rate at St. Francis Hospital and Health Centers was 31%. Since implementation of the mentoring program, the turnover rate at St Francis Hospital and Health Centers has decreased each year; in 2009 the

turnover rate decreased to 10.3% (Fox, 2010, p. 311). This dramatic decrease in turnover is a remarkable outcome and further substantiates the value of a nurse mentoring program.

Conclusion

Literature and research has shown that mentoring programs can be of great benefit to individuals and organizations. Researchers have evaluated many aspects of mentoring including what qualities of a mentor enhance the mentoring relationship, how long a mentoring relationship should last to have the greatest effect, and what type of orientation program is necessary to ensure a thorough understanding of expectations for the mentoring process. In addition, there have been studies completed that evaluate the benefits of mentoring for organizations, such as increased retention of staff, a fostering of the company's culture and values, and improved staff satisfaction. The addition of a mentoring program for the Department of Nursing at Mayo Clinic in Rochester, Minnesota would further enhance the culture of caring that exists at the organization.

Jean Watson's Theory of Human Caring has been incorporated into nurse mentoring programs and leadership models with success. There seems to be a natural correlation with caring and the nursing profession. Developing a nurse mentoring program for the Department of Nursing at Mayo Clinic in Rochester, Minnesota utilizing Jean Watson's Theory of Human Caring can foster caring relationships between the mentor and mentee. In the next chapter, different types of mentoring programs will be reviewed and a program that best accommodates the Department of Nursing at Mayo Clinic in Rochester, Minnesota will be selected. In addition, a metaphor for the nurse mentoring program will be presented and explained in detail highlighting key concepts and relationships. This

will lead to better understanding of how the proposed nursing mentoring program can be implemented for the Department of Nursing in Rochester, Minnesota.

Chapter Three: Development of the Project

The implementation of a mentoring program is a stimulating yet challenging endeavor for any organization. Implementing a nurse mentoring program for an organization that employs over 6,000 nurses is certainly exciting but also can be overwhelming secondary to the size of the project and its potential impact. The project framework must be thoughtfully designed and maintain a broad perspective so the mentoring program will be of value to the greatest number of nurses. When initiating a nurse mentoring program, there needs to be ample information disseminated to all potential participants and any leadership that may be impacted by the program. This information should describe the program and highlight the features and benefits that can be realized by participation in the program. Furthermore, a nurse mentoring program must include relevant mentoring resources about topics such as initiating a successful mentor-mentee relationship and overcoming challenges encountered related to time constraints and goal setting. It is very helpful for mentors to have relevant information and tools available to adequately meet the mentee's professional and personal needs. Because a nurse mentoring program has many facets, it is essential to address each facet when designing the mentoring program; this will ensure the program is comprehensive and will be effective in meeting the needs of the varied participants.

In this chapter, a brief review of the need for a nurse mentoring program at Mayo Clinic in Rochester, Minnesota will be presented. This review will include an overview of the nursing theory that will best support and facilitate a successful nurse mentoring program for the Department of Nursing. In addition, key concepts from several different types of mentoring programs will be outlined. After review of the different types of

programs, the best program for the Department of Nursing at Mayo Clinic in Rochester will be selected. An organized and systematic implementation plan for the selected nurse mentoring program will be explained, and tools to be used in the process of mentoring will be shared. Finally, a conceptual metaphor for the nurse mentoring program will be proposed and described in detail to facilitate an understanding of the concepts, processes, and benefits realized with implementation of a nurse mentoring program.

Brief Summary of Project Background and Supporting Nursing Theory

A nurse mentoring program at Mayo Clinic in Rochester, Minnesota would provide a great service to the many nurses who work at the organization. Novice and seasoned nurses have expressed a desire to have a mentoring program for the Nursing Department. This desire has led to grassroots efforts in developing and implementing mentoring programs on individual nursing units. The areas that have initiated mentoring programs include medical-surgical nursing units, progressive care nursing units, and intensive care units. Although the nursing units have support from their individual nurse managers and other nursing unit leaders, there is no overall formal framework within the Department of Nursing to guide a nurse mentoring program.

A nurse mentoring program supported by the Department of Nursing at Mayo Clinic in Rochester, Minnesota would provide a foundation of consistent goals and objectives for individual nursing unit mentoring programs. These consistent goals and objectives would then allow for a unified approach to the nurse mentoring program. Also, a unified approach to the nurse mentoring process would provide for more efficient processes in mentor-mentee matches, orientation to the roles of mentor and mentee, and education regarding common topics often discussed in the mentoring process. For example, group

educational classes regarding elements of the mentoring process could be offered to many nurses from a variety of units instead of each individual unit trying to educate the participants to facilitate a successful mentoring program. This consistent and uniform education would promote a standardized knowledge base. Thus, all nurses would have an understanding of the goals, objectives, and desired process for mentoring. In addition, topics regarding conflict management, communication skills, and career advancement could be provided in a group setting instead of individual nursing unit presentations. This departmental format would be much more efficient and cost effective than scattered offerings on individual nursing units.

In addition to combining efforts for orientation and education for the nurse mentoring program, the Department of Nursing at Mayo Clinic in Rochester, Minnesota could identify and support the nursing theoretical framework that would best correlate with the mission and values of the Nursing Department and the organization. For example, it would be identified that Jean Watson's Theory of Human Caring is the foundation for the nurse mentoring program because it facilitates a caring environment for the mentor-mentee relationship. In addition, it could be highlighted that Jean Watson's theory is also the foundation for Mayo Clinic's nursing care model. The consistency of this framework for both elements in the Nursing Department supports the caring phenomenon that is desired for patients and the nursing staff as well.

The Theory of Human Caring developed by Jean Watson (1979) is an ideal nursing theoretical framework to support a nurse mentoring program for the Department of Nursing at Mayo Clinic in Rochester, Minnesota. Watson's theory posits that the human component of caring is essential for health, healing, and the overall well-being of the

person being cared for. In addition, Watson's definition of human caring considers not only the one being cared for but the caregiver as well. This theory can be easily applied to a mentor-mentee relationship as caring is an essential component for the relationship and fosters honesty and trust between the mentor and mentee. Vance and Olson (1998) state "the sustained, loving involvement of various support persons in the life and career journey of every human being is a necessity" (p. 12). In a complex and stressful health care environment, it is so important to find caring and kind mentors to guide, inspire, and support novice nurses (Vance & Olson, 1998). Watson's Theory of Human Caring emphasizes the kindness and honesty that must exist in a relationship for growth and healing. The caring exchanged between the mentor and mentee will be a gift for both participants in the relationship and have a significant impact in their interactions.

Types of Mentoring Programs

There are a variety of mentoring programs available to assist individuals in personal and professional growth. Some mentoring models that have been implemented at organizations to promote personal and professional development include peer-mentoring, multiple mentoring, classic mentoring, and mentoring partnerships; although there are additional types of mentoring, these four mentoring programs are the most common programs. A review of these four types of mentoring models will provide a basis for discussion and allow for a comparison of the pros and cons of each program. This review will ultimately assist in identifying the most appropriate mentoring model for the Department of Nursing at Mayo Clinic in Rochester, Minnesota.

The first mentoring model is peer mentoring. In this model, peers of equal status mentor each other and often the participants are of similar age (Grossman, 2007, p. 10).

Peer mentoring requires a great deal of trust between the two participants. One peer may have more experience in dealing with a clinical challenge or communication issue and is able to help the other participant overcome the barrier. Peer mentoring offers support and guidance to a less experienced individual or co-worker who might be new to a position or new to a particular situation. For example, the more experienced peer can assist his or her colleague to understand work unit dynamics, policies and procedures, or how to communicate with challenging persons.

The second mentoring model is multiple mentoring. In this model, mentors and mentees may be involved in other mentoring relationships (Grossman, 2007, p. 9). In fact, the mentee in one relationship may be the mentor in a second relationship. This type of mentoring has become more common with the evolution of the Internet and communication technology. Because people are able to connect easily through computers and cellular phones, potential mentees can solicit a mentoring relationship with interested mentors in any part of the world and visa versa. Barriers such as proximity of location, finding a meeting room, or discovering the ideal mentor that has the exact career trajectory the mentee would like to emulate are no longer considered barriers. A mentor and a mentee can simply connect with each other through their computers and conduct mentoring discussions using this electronic format. Thus, the evolution of technology facilitates many more connections between persons interested in being mentored, being a mentor, or participating in both roles simultaneously.

The third mentoring model is the classic mentoring model (Grossman, 2007). This type of mentoring is the traditional model often used by organizations to help employees develop leadership skills and foster personal and professional growth. The relationship

generally lasts 5 to 10 years. In classic mentoring, a mentor is usually a wiser and more experienced leader who assists a less experienced individual to achieve personal and professional goals. The mentor has a high level of commitment to the organization and is willing to share advice to guide the mentee in his or her career.

The final mentoring model to be reviewed is mentoring partnerships (Schwiebert, 2000, p. 78). Mentoring partnerships usually exist between two separate organizations such as a university and a hospital. A contract is developed between the two organizations to assist individuals in one organization learn from individuals in the second organization. For example, university students acquire knowledge and experience from individuals employed at the hospital regarding health care operations or other areas of interest.

The type of mentoring suggested for the Department of Nursing at Mayo Clinic in Rochester, Minnesota is the classic mentoring model. The classic mentoring model would facilitate personal and professional growth for the mentee and also is the framework that best assimilates into Mayo Clinic's current environment.

Conceptual Metaphor: Daisy Metaphor of a Nurse Mentoring Program

Mentoring is a process in which individuals grow in many ways. The metaphor proposed for the nurse mentoring program is entitled the Daisy Metaphor of Nurse Mentoring (see Figure 2). The purpose of this metaphor is to help participants, nursing staff, nurse leadership, and the organization, understand the importance and interrelatedness of the concepts and elements that comprise a nurse mentoring program. The Daisy Metaphor of Nurse Mentoring depicts an image of a daisy and highlights the various parts of the daisy plant: the roots, stem, leaves, petals, and seeds. Each part of

the daisy serves an important and vital role in the growth and development of the flower. In addition, the daisy needs the right environment, like sunlight, to become a beautiful and vibrant flower. A nurse mentoring program is also much like a daisy. The elements for a successful nurse mentoring program must be present in order to grow successful mentees. There must be support from management and administration, commitment and passion from mentors, and a willingness and eagerness from mentees. In addition, there should be a caring environment for optimal personal and professional growth of the mentee. The following paragraphs will exemplify why the Daisy Metaphor of Nurse Mentoring is an analogy that is easy to comprehend and highlights the necessary elements of a successful mentoring program.

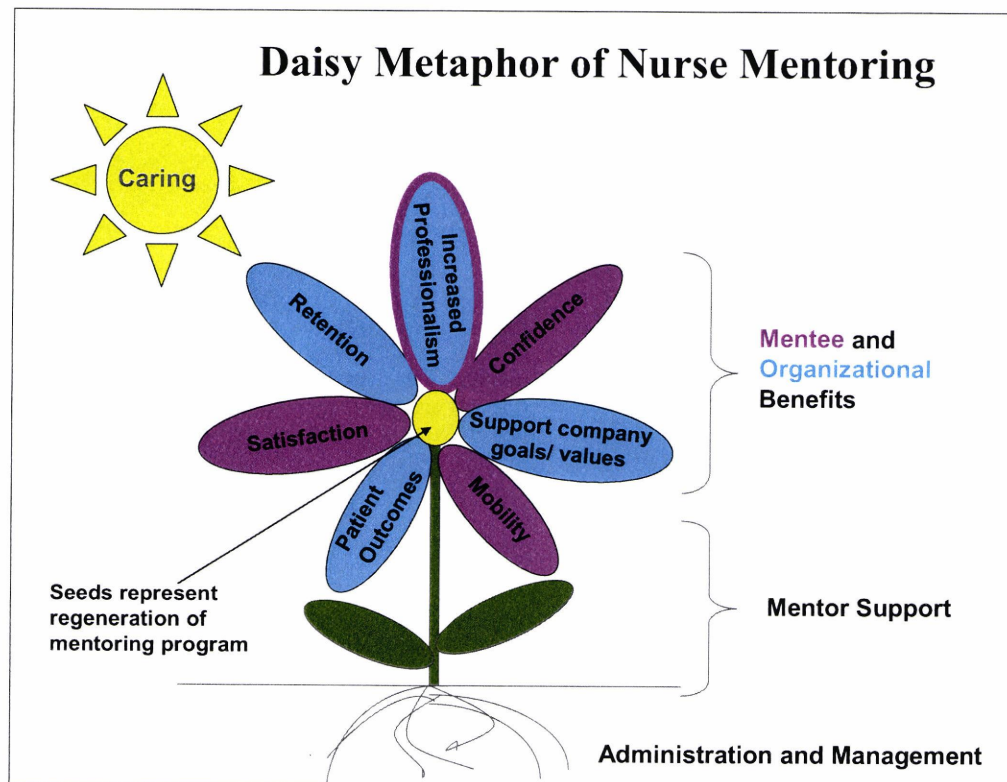


Figure 2. Daisy Metaphor of Nurse Mentoring

The foundation of a daisy, the part that supports its growth no matter what elements affect the flower, is the root system. The root system keeps the flower firmly established in the soil and provides the essential elements and nutrients to feed the daisy as it grows and blossoms. The root system in the Daisy Metaphor of Nurse Mentoring represents nursing administration and management. Without the support and encouragement of department nurse leaders, the mentoring program would fail, similar to the fate of the daisy if it did not have a strong root system. Administration and management support would be demonstrated through behaviors such as facilitating time off the unit for the mentor and mentee participants to attend classes or participate in meetings related to the mentoring process. Administration and management could also provide verbal recognition and praise to those individuals who are participating in the nurse mentoring program. An additional way administration and management could support the nurse mentoring program would be to act as mentors and role model the importance this process can have in the development and growth of nursing staff. Financial resources are also vital to the development and ongoing needs of a nurse mentoring program. Administration and management would need to allocate funds to support the mentoring program. Race and Skees (2010) identify that effective mentoring programs begin with the organizational culture, and if the mentoring program is to be successful, there must be organizational and administrative support. "Nurse leaders are the front-line supporters of the 'mentoring culture'" (Race and Skees, 2010, p. 167).

According to Race and Skees (2010), there are many challenges facing health care organizations today including health care reform, an international recession, uninsured patients seeking medical care, and a shortage of nurses. With all of these concerns facing

health care organizations, changing an organization's culture to one that supports mentoring may not appear to be a priority. Thus, in order to get the necessary support from administration and management, it will be vital to highlight the many benefits that can be realized for the Department of Nursing and the organization with the implementation of a nurse mentoring program. With the support of nursing administration and management, the nurse mentoring program will have the strong foundation necessary to begin growing nurses.

The next components of the Daisy Metaphor of Nurse Mentoring are the stem and leaves. The stem and leaves support the daisy flower and carry the nutrients throughout the flower to facilitate growth. The stem and leaves in the Daisy Metaphor of Nurse Mentoring represent the mentor. The mentor is the backbone of the nurse mentoring program. If the stem was to break, the flower would not reach its potential. The same is true for mentee growth. If the mentor should abandon the mentee, then the growth of the mentee would be stunted or significantly delayed. Mentors are key factors in the success of a mentoring program. It is very important to select mentors who possess traits that will aid in building an enduring and caring relationship with the mentee. This ultimately will foster professional and personal growth of the mentee. Some characteristics or traits that should be present in a mentor include excellent communication skills such as listening, sensitivity to other's needs and development, commitment, confidentiality, and excellent skills in coaching and feedback (State of New Hampshire, 2008, p. 3). Skilled mentors will help the mentees reach their full potential both personally and professionally.

The third component of the Daisy Metaphor of Nursing Mentoring is the actual flower of the daisy or the petals. The petals of the Daisy Metaphor of Nurse Mentoring represent the personal and organizational benefits realized through the process of mentoring. The personal benefits for the mentee include increased satisfaction, improved confidence, and better options for career mobility (Schwiebert, 2000). The personal benefits are represented by the purple petals in the Daisy Model of Mentoring. The organizational benefits include improved patient outcomes, increased retention of nurses, support of the organization's goals and values, and increased professionalism (Race & Skees, 2010). The organizational benefits are represented by the blue petals. Increased professionalism is an organizational and an individual reward so it can be considered a dual benefit and is represented by both blue and purple. The unique petals of the flower provide the beauty of the daisy. This is similar to the beauty of the mentee after he or she has blossomed and attained the goals set forth at the beginning of the mentor-mentee relationship.

Another element of the daisy plant is the seeds. The seeds of the daisy are very important as this is the component of the flower that perpetuates the life cycle. The seeds in the Daisy Metaphor of Nurse Mentoring represent the regenerative nature of nurse mentoring. It is known that nurses who have been mentors tend to mentor others (Vance & Olson, 1998). Thus, a nurse mentoring program would likely have an automatic future mentor pool that would generate new mentors from the mentees that have participated in the program. This regeneration of mentees becoming future mentors speaks to the value and the benefits that mentees perceive in the process of mentoring. After mentees have

grown personally and professionally, they want to perpetuate the same opportunities for their fellow colleagues.

The final component of the Daisy Metaphor of Nurse Mentoring is the sun. The sun engulfs the flower and sheds light on the daisy to allow for optimal growth. The sun provides the context of the caring environment that is necessary to develop an effective mentor-mentee relationship and an overall successful nurse mentoring program. The caring concept in the nurse mentoring program is based on Jean Watson's Theory of Human Caring. Caring behavior should envelop all aspects of the Daisy Metaphor of Mentoring just as the sun envelops all parts of the daisy.

Although caring behaviors will be most evident in the mentor-mentee relationship, it will also be important that nurse leadership display caring traits when they interact with persons involved with the nurse mentoring program. All persons connected with the nurse mentoring program will be encouraged to demonstrate a willingness to "be authentically present; [these behaviors] will enable, sustain, and honor the deep belief system and subjective world of self and other" (Watson, 2008, p. 31). For example, nurse leaders should support the goals and objectives identified by the nurse mentor-nurse mentee and also support the method in which the mentor and mentee have chosen to achieve those goals and objectives. Although the method may not be a traditional format to achieve personal and professional growth, if it meets the needs of the mentor and mentee, this method should be supported. In addition, it is also posited that by "developing and sustaining a helping-trusting, authentic relationship" (Watson, 2008, p. 31) the mentoring process will promote the personal and professional growth of the mentee and also have a positive impact on the mentor. Watson (2008) states "a

significant caring moment can be a turning point in one's life. It affects both [participants in the relationship] and radiates out beyond the moment” (p. 79). This caring moment can be likened to the effects of the sun as it works in tandem with the other elements of nature to facilitate growth of a strong and vibrant flower. The sun not only affects the flower but other plants and organisms in the environment that surround the daisy.

Although a daisy will grow without optimal conditions in the environment, the right amount of sunlight will facilitate the development of a strong and vibrant flower which will be able to withstand other environmental challenges. This is similar to the caring behaviors that are necessary in a successful nurse mentoring program. Even though there will be challenges in the working environment, such as time constraints, heavy workloads, and personal life conflicts, a caring environment based on Watson’s Theory of Human Caring will facilitate a healthy mentoring relationship that provides support, honesty, and genuine concern. The caring behavior and support from the mentor and nursing leadership will help the mentee to persevere and continue to grow and flourish in their personal life and professional career.

All of the elements described above are necessary for a healthy daisy and a successful nurse mentoring program. The Daisy Metaphor of Nurse Mentoring is a poignant and easy-to-understand analogy of how the elements of a nurse mentoring program are depicted in the parts of a daisy – the roots, stem and leaves, petals, seeds, and light of the sun.

Process of Implementation

The process to implement a nurse mentoring program for the Department of Nursing at Mayo Clinic in Rochester, Minnesota will require 6 months to 1 year. The Department

of Nursing is very large and multiple levels of approval will need to be obtained prior to implementation. The following steps are proposed in order to obtain approval for a nurse mentoring program at Mayo Clinic in Rochester, Minnesota.

1. Present information and statistics highlighting the benefits of mentoring to the author's nurse administrator. Emphasize that the program will be efficient yet effective through use of technology that has already been developed by outside vendors. There will be a financial investment initially to initiate the program, however, it is hoped that there will be little additional funds required to sustain the program once the technology to support the nurse mentoring program has been purchased.
2. Present information to the Nurse Executive Committee at Mayo Clinic in Rochester, Minnesota if approval is obtained from author's nurse administrator. This committee is comprised of all nurse administrators at Mayo Clinic in Rochester, Minnesota and weekly meetings are conducted by the Chair of the Department of Nursing.
3. Establish a core group of nurse leaders and staff nurses interested in the nurse mentoring program opportunity. These nurse leaders will form a committee to develop and sustain the departmental nurse mentoring program. The committee will include personnel from nursing administration, management, and interested staff nurses. It will also be wise to include nursing personnel who have been involved in implementing a unit-based nurse mentoring program. Their experience will allow the departmental nurse mentoring committee to avoid some of the challenges encountered in implementing the unit nurse mentoring programs

and could expedite the development of the departmental nurse mentoring program. The Office of Nursing Placement and Career Development will provide the secretarial and ancillary staff as well as the financial resources necessary to support the program.

4. Develop a plan to pilot the nurse mentoring program. The pilot will be implemented in the Medical I Division at Mayo Clinic which is located at Saint Marys Hospital. The Medical I Division is comprised of six nursing units which employs approximately 350 nurses.
5. Provide information and education to staff nurses and nurse leadership from the six pilot units in the Medical I Division
6. Implement the nurse mentoring program on the identified pilot units.
7. Review obstacles and challenges encountered with implementation of the nurse mentoring program in the pilot area based upon feedback and evaluations obtained from involved participants and nursing leadership. Also, these obstacles and challenges will be reviewed with departmental leadership so leadership feedback and suggestions can also be incorporated into necessary changes to the program.
8. Revise the nurse mentoring program as indicated by participants, the nurse mentoring committee, and nurse leadership.
9. Implement the nurse mentoring program concurrently throughout the remaining divisions in the Department of Nursing at Mayo Clinic in Rochester, Minnesota. Nursing divisions are generally comprised of 5-7 nursing units of the same specialty practice.

10. Again, review new challenges and obstacles and make revisions to program as necessary.
11. Finally, if the nurse mentoring program in Rochester, Minnesota is well-received, consider implementation of the nurse mentoring program throughout remaining Mayo Clinic campuses in Jacksonville, Florida, Scottsdale, Arizona, and the Mayo Clinic Health System affiliates. Although this final step is not a formal part of this project, it would be advantageous to offer the program to other Mayo Clinic sites to promote standardization of available programs and consistency of processes.

Even with the best plan for implementation, there will be barriers and challenges to overcome. It will be important to persevere and maintain a commitment to work through any obstacles. A nurse mentoring program will be of great benefit to the participants and to the organization. The rewards will far outweigh the challenges and obstacles encountered.

Designing the Mentoring Program

Once there has been approval and commitment from nursing leadership to move forward with nurse mentoring program, it is time to design the program so that it aligns with the organization's mission, goals, and values. There are important steps that should be followed when designing the program to ensure successful implementation and sustainability. First, passionate and dedicated persons committed to the success of the mentoring program should be identified. These persons will then form a committee to coordinate the efforts for implementation and be accountable for establishing, supporting, and maintaining the nurse mentoring program.

It is proposed that the main area responsible for the nurse mentoring program be the Office of Nursing Placement and Career Development at Mayo Clinic in Rochester, Minnesota. Although the Office of Nursing Placement and Career Development would oversee the nurse mentoring program, there would be nurse leaders and staff nurses from multiple areas within Mayo Clinic Department of Nursing on the nurse mentoring committee. Committee members from a variety of areas within the Department of Nursing would allow for broad representation of views and perspectives to ensure an inclusive program. The Office of Nursing Placement and Career Development would provide the ancillary staff and financial resources to support the program.

One of the first steps of the nurse mentoring committee is to identify the purpose, objectives, and goals of the nurse mentoring program (see Appendix B for suggested purpose, objectives, and goals). This step will help identify the “why” of the nurse mentoring program and assist others in recognizing the many benefits that can be realized by participants, the Department of Nursing, and the organization. Also, objectives and measurable outcomes will need to be clearly delineated. The committee should then specify resources needed and resources available. Any additional approvals from other Mayo Clinic departments or leadership should be obtained, as well. For example, the Department of Human Resources should be aware of the nurse mentoring program development and implementation time lines. In addition, it may be advantageous to have a member of the Human Resources Department be an ad hoc member of the nurse mentoring committee. The Human Resources committee member could provide a global perspective of Mayo Clinic’s philosophy on employee development and career management.

The nurse mentoring committee should then consider the following steps for designing the nurse mentoring program (adapted from State of New Hampshire, 2008):

- I. Marketing the nurse mentoring program
 - A. Identify a mentee profile (see Appendix C for suggested mentee profile)
 1. Consider who would be eligible to participate
 - B. Identify a mentor profile (see Appendix D for suggested mentor profile)
 1. Determine what qualities or criteria will be used for identifying and selecting mentors. Examples of criteria might include a caring demeanor, professional behavior, and commitment to mentoring process. It is suggested that mentors have at least 5 years of experience in the nursing profession. In addition, experience in a leadership role, such as a charge nurse or a preceptor, would be advantageous
 - C. A selected member of the nurse mentoring committee will communicate the program to the six nursing units in the Medical I Division pilot area
 1. Post informational flyers on the pilot units announcing the program and date of staff meetings to learn more about the nurse mentoring program
 2. Attend staff meetings on six pilot units to provide overview of program. Identify eligibility requirements and minimum length of participation. It is suggested that minimum length of mentoring relationship is one year. Mentor and mentee can continue in relationship as long as objectives and goals continue to be developed and met
 3. Attend Medical I Division preceptor committee meetings and charge nurse meetings to highlight benefits of being a mentor and solicit interested

individuals to apply to become a nurse mentor

- D. Facilitate the application process and submission for both mentees and mentors. Application process will be in an online electronic format
- E. Nurse mentoring committee conducts participant selection based upon mentee/mentor profiles. In addition, recommendations from the mentor applicant's nurse manager, clinical nurse specialist, and nursing education specialist will be solicited

II. Matching mentor and mentee pairs

- A. Identify a strategy to match mentor and mentee; matches will be facilitated across all units involved in nurse mentoring program
- B. Matching process can be accomplished manually or through use of computer software programs tailored specifically for mentoring. The proposal for the nurse mentoring program for the Department of Nursing would utilize a computer software matching program that matches participants based upon personal interests, personality traits, learning style, goals of mentoring relationship, career goals, and years of service

III. Education and training for the mentor and mentee

- A. Develop a mentor-mentee contract with mutually-agreed-upon goals which are specific, realistic, and achievable
- B. Determine anticipated length of the relationship; relationship will continue for at least one year. This may change based upon identification of other goals
- C. Clarify roles of mentor, mentee, supervisor of mentee, and nurse mentoring committee

- D. Identify how to close or end the mentor-mentee relationship
 - E. Address how to overcome obstacles in the mentor-mentee relationship and when/how an unhealthy or mismatched mentoring relationship will be terminated. Obstacles include:
 - 1. Time management
 - 2. Unhealthy mentoring behaviors
 - 3. Mentor-mentee mismatch
 - 4. Unanticipated termination of the relationship
 - F. Stress the importance of maintaining confidentiality between mentor and mentee
 - G. Discuss the process to evaluate the mentoring experience
- IV. Program maintenance and sustainability
- A. The nurse mentoring committee is responsible to monitor the nurse mentoring program
 - B. The committee will assist participants through the application and screening process, and monitor objectives and progress of the mentor and mentee towards goals
 - C. The committee will monitor and analyze the overall efficiency and effectiveness of the program
 - D. The nurse mentoring committee will identify a monitoring process for the nurse mentoring program
 - E. The monitoring process might be a tracking system, review of written records, disputes, obstacles, or analyzing pre-mature relationship closure. The

monitoring process may also be completed through a mentoring computer software program

F. Determine methods to support and recognize mentors

1. Individual recognition such as letter of appreciation and a mentor identification pin for name badge
2. Unit based recognition such as a picture board and recognition at staff meetings
3. Departmental recognition such as announcement in biweekly newsletter and annual mentoring luncheon

G. Recognize all participants and their contributions to the overall progress and success of the program by providing participants with appreciation letter and also highlighting statistical gains for personal and departmental growth

V. Guidelines will be developed to explain:

- A. The goals of the nurse mentoring program
- B. The basic principles of mentoring
- C. The specific process of the nurse mentoring program within the Department of Nursing at Mayo Clinic in Rochester, Minnesota

VI. Nurse mentoring program evaluation

- A. Conduct an outcome analysis of program
 1. Were original goals and objectives of program met?
 2. Were financial gains realized?
- B. Provide additional information and analysis of results of the nurse mentoring program to key stake holders

- C. Continue to evaluate the nurse mentoring program for effectiveness and efficiency
- D. Modify the nurse mentoring program as needed to achieve goals and objectives
- E. After successful implementation roll out the nurse mentoring program to the remaining divisions in the Department of Nursing

There are many steps to designing a nurse mentoring program. It is important to be comprehensive yet realistic with program goals and objectives. In addition, evaluation of the program components should occur regularly to ensure the content and processes remain relevant and effective. Attention to the program design will give the nurse mentoring program a solid foundation and promote a successful mentoring culture.

Conclusion

The development of a nurse mentoring program requires commitment and passion. There are many steps involved to facilitate a successful launch of a new program. These steps can be tedious and time-consuming. However, once the nurse mentoring program is successful and nurses and the organization experience the benefits from participation in the mentoring process, there will be a great sense of satisfaction and accomplishment for those involved in the development of the program. As a result, the nurse mentoring program will begin to market itself and perpetuate new mentors through the success of previous mentees.

A nurse mentoring program for the Department of Nursing at Mayo Clinic in Rochester, Minnesota is a worthwhile endeavor. Facilitating a culture of caring through successful mentoring relationships will foster personal and professional growth for

mentees, satisfaction for mentors, and improved patient outcomes for the organization. Initial effort on the part of the nurse mentoring committee to ensure a comprehensive, efficient, and effective program will be of significant value and will contribute to building a foundation for a program that has the greatest opportunity for success. With the current challenges in health care, a nurse mentoring program that supports nurses in their professional and personal growth can ease the stressors and demands faced by nurses and foster successful transitions in new situations.

Chapter 4: Discussion and Evaluation

Evaluating the impact of a new mentoring program is a vital component in determining the program's successes and shortcomings. It is important to have clear goals and objectives identified at the initiation of the mentoring program so the process can be analyzed to determine if the goals and objectives were actually met. Furthermore, it will be important to analyze the data to identify barriers and shortcomings of the program. Evaluating pertinent data will reveal any revisions and adjustments that should be made to ensure that the goals and objectives will be accomplished.

After evaluation of the data has occurred, it will be prudent to share conclusions with key stakeholders to obtain additional feedback and ongoing support for continuing the mentoring program. However, it is also important to remember that multiple revisions to a mentoring program may be necessary to achieve the right fit for the organization. Again, it will be imperative that the persons coordinating the efforts to implement the mentoring program persevere in maintaining the program. The mentoring program will benefit many employees and the organization as a whole, so these efforts will provide gains once the program is operational. As previously stated, nurse retention, nurse satisfaction, and improved patient outcomes are just a few of the gains that can be realized with a successful nurse mentoring program.

Criteria for Evaluation of a Nurse Mentoring Program

The success of the nurse mentoring program proposed for implementation for the Department of Nursing at Mayo Clinic in Rochester, Minnesota will be evaluated using a variety of criteria and statistics to yield helpful information. Criteria that could be evaluated from Department of Nursing statistics include retention data, nurse job

satisfaction scores, perceived level of confidence, and career advancement. In addition, data related to the growth of the nurse mentoring program, financial information evaluating cost of the program versus gains of nurse retention, and improved patient outcomes on units that have participated in the nurse mentoring program could be analyzed. This information could be used to determine the success and ongoing viability of the nurse mentoring program.

Evaluation Procedures for a Nurse Mentoring Program

The nurse mentoring program coordinating committee will be able to analyze retention and career advancement data using statistics from the Office of Nursing Placement and Career Development as well as from the Department of Human Resources. In addition, nursing leadership and the nurse mentoring coordinating committee will have access to nursing department employee satisfaction surveys. These statistics can be reviewed to identify trends related to nursing staff's agreement with job satisfaction, career opportunities, and management efforts.

Mayo Clinic participates in employee satisfaction surveys every 2 years to determine employees' satisfaction with management, benefits, career opportunities, working conditions, and safety issues. Department of Nursing personnel are able to evaluate this data, highlight areas of excellence, and identify opportunities for improvement. The data can be evaluated for the whole nursing department or can be reviewed for individual nursing units and other subsets.

Another data set that can be evaluated would be patient outcomes. Mayo Clinic obtains a variety of metrics related to patient outcomes such as 30 day readmission rates, mortality rates, and incidence of hospital acquired infections. The Department of

Nursing could identify nursing-related patient outcome metrics and analyze those reports for any impact observed from implementation of the nurse mentoring program.

In addition to the data and metrics previously identified to analyze the success of the nurse mentoring program, more specific tools would be utilized. The first tool would be a pre-program survey which would be completed by the mentee and mentor (see Appendix E). This pre-program survey will provide baseline information about the mentee's and mentor's perception of job satisfaction, confidence, knowledge of expectations, and understanding the organization's mission, vision, and values. Two additional tools (see Appendix F) are nurse mentoring program surveys which would be completed by both the mentor and the mentee after engaging in the mentoring process for six months and again after each year of participation in the mentoring program. This program evaluation survey will provide specific feedback to nursing leadership and the nurse mentoring coordinating committee regarding the nurse mentoring program components and process, the perceived value of these elements, and whether gains in personal and professional growth were attained.

Analyzing data from the sources identified before, during, and after implementation of a nurse mentoring program could provide important information and statistics regarding achievements and opportunities realized by implementation of the nurse mentoring program. Also, the information and data can help nursing leadership and the nurse mentoring coordinating committee identify specific areas of the program that need revision to further improve outcomes for nurses, the Department of Nursing, the organization, and the patients.

Analysis and Critical Reflection

The process of developing and implementing a nurse mentoring program for the Department of Nursing at Mayo Clinic in Rochester, Minnesota will be an arduous and time-consuming endeavor. It is anticipated that it will take 6 months to 1 year to develop a program that will be acceptable to key stakeholders. In addition, adequate financial support must be available to obtain any personnel or software tools necessary to implement the program. Financial support will be dependent on the current economy as well as the operating outlook and financial projections for the organization and the Department of Nursing. Any of these elements could stall or even prohibit the development and implementation of a nurse mentoring program at Mayo Clinic in Rochester, Minnesota. The project may need to be re-evaluated for implementation at an opportune time, such as when financial resources are available, or may need to be implemented on a smaller scale. However, persistent and passionate efforts will help the nurse mentoring program become a reality for the Department of Nursing.

It will be important to share with key stake holders that grassroots efforts to implement nurse mentoring programs on individual nursing units already exist. Also, it will be essential to highlight the many benefits that can be realized with the implementation of this program for individual participants, the Department of Nursing, and the organization. It is understood there may be compromises that will need to be made in developing the program and implementation process. Some areas which might require a compromise include educational topics that should be considered in the orientation program or what order additional nursing units should implement the nurse mentoring program. Flexibility will be necessary to ensure the goals and objectives of

the program can be achieved while incorporating pertinent feedback of key stake holders. It will also be helpful to develop a projected time-line so various elements of the program have clear deadlines in which they are to be accomplished.

Developing and implementing a nurse mentoring program for such a large organization can be overwhelming. It will be important to set small goals and celebrate accomplishments along the way. Also, it will be wise for the nurse mentoring program coordinating committee to share responsibilities and emotional reserves with each other. The sharing of work efforts and supporting each other emotionally will keep the process evolving to help prevent a loss of enthusiasm for the nurse mentoring program. Although all of the elements required to develop and implement a nurse mentoring program can bring challenges and barriers, a passionate commitment to develop and implement a nurse mentoring program will ensure long-term success.

After completing the necessary work to identify steps involved in developing and implementing a nurse mentoring program for the Department of Nursing at Mayo Clinic in Rochester, Minnesota, it was realized that this project will require intense effort. Many different roles within the Department of Nursing will need to be consulted. Some of these roles are nursing education specialists, nurse managers, staff nurses, nursing administrators, human resource personnel, and staff from the Office of Nursing Placement and Career Development at Mayo Clinic. The Department of Nursing has an extensive committee structure. Suggestions from all of the roles identified will be able to be obtained by soliciting feedback when attending committee meetings. There are weekly nurse administrator meetings and monthly nurse manager, clinical nurse specialist, and nursing educational specialist meetings, so it will be possible to obtain

feedback through these formats. In addition, important feedback from staff nurses will be obtained by attending the Mayo Nursing Council meeting. Individual feedback can be solicited from Human Resource personnel and the Office of Nursing Placement and Career Development. Support from all of these roles will be necessary to ensure a successful nurse mentoring program.

Also, it is realized that important changes are often started through the efforts of a small and devoted group of people. By implementing the nurse mentoring program in small steps and on a small scale, changes to the process or other elements of the program can be made in a more timely fashion. The nurse mentoring program coordinating committee can take a step back, evaluate successes and challenges, and make efficient revisions to keep the program moving forward. If necessary, it may even be possible to reverse processes that proved to be unsuccessful. Thus fears and concerns about the process ahead must be put aside, and the steps to develop and implement a nurse mentoring program for the Department of Nursing at Mayo Clinic in Rochester, Minnesota should be taken in a small and consistent manner.

Appropriateness of Watson's Theory to Support a Nurse Mentoring Program

After an extensive literature review and information gathering, Jean Watson's Theory of Human Caring remains an ideal foundation to support a nurse mentoring program for the Department of Nursing at Mayo Clinic in Rochester, Minnesota. The Theory of Human Caring emphasizes the importance of meaningful and compassionate interactions between two people in order to foster improved health, growth, and overall well-being.

There has been previous research conducted that supports the significance of caring relationships in the development of a person's full potential and in establishing a caring

environment. This caring relationship applies to a nurse-patient relationship and also to a nurse mentor-mentee relationship. Drenkard's (2008) research demonstrates how caring behaviors of nurses positively influences relationships amongst their colleagues. First, nurse leaders selected caring ambassadors. Caring ambassadors were staff nurses chosen to be champions of the care changes. The ambassadors were also cultivated into caring coaches. After implementing a 2 day immersion course led by Jean Watson and Jean Quinn to educate the caring ambassadors, there was a statistically significant gain in staff perception of a caring environment, relationships with coworkers, and perception of workload (Drenkard, 2008, p. 410.) This would be similar to cultivating mentors for caring relationships with mentees. After implementation of the care changes, improvements were also noted in "relationship[s] with physicians, pride in the organization, promotional opportunities being present, and improved relationships with other nurses" (Drenkard, 2008, p. 410) in addition to coworkers. Thus, using Watson's Theory of Human Caring to provide the framework for a nurse mentoring program can lead to substantial changes and improvements for a nursing unit's perception of caring in the environment and to the relationships amongst staff nurses.

Jean Watson's Theory of Human Caring can be difficult to understand and some nurses may find her concepts to be too vague and spiritually-based. Although nurses understand the importance of caring, nurses often subscribe to the Western philosophy of medicine which is based on physical interventions, such as medication and surgery, to promote health and healing. Watson's spiritual, energy focused, and caring concepts will need to be explained in more detail and in understandable terms when describing how The Theory of Human Caring will be integrated into the nurse mentoring program.

However, once the participants in the nurse mentoring program comprehend how the caring phenomenon underscores the actions and behaviors desired in the mentoring relationship, the concepts in Watson's Theory of Human Caring will be easily integrated in the mentoring process.

In addition to Watson's Theory of Human Caring, Patricia Benner's Novice to Expert Nursing Theory would also be a fitting complement to the nurse mentoring program. Briefly, Benner's theory explains that nurses develop skills and an understanding of patient care over time from a combination of a strong educational foundation and personal experiences. Nurses advance through five levels of expertise from novice nurse to expert nurse. It is not necessarily the nurse who has the highest salaried position that is the expert but the one who provides the most competent and professional nursing care (Current Nursing, 2012). The nurse mentor could assist the novice nurse move through the various levels of expertise in Benner's theory. Even though Benner's Novice to Expert Theory is a nice complement to The Theory of Human Caring, Benner's theory does not address "how" the mentor-mentee interactions affect the mentoring relationship. Because of this issue, Watson's theory remains the perfect foundation on which to develop a nurse mentoring program for the Department of Nursing at Mayo Clinic in Rochester, Minnesota.

Potential Barriers and Challenges

Although a nurse mentoring program would be a valuable addition to the Department of Nursing at Mayo Clinic in Rochester, Minnesota, currently there are additional programs being presented to nursing administration to facilitate staff nurse development. One program is called a nurse residency program. This program will be offered to novice

nurses after orientation and will continue to provide education and support to these nurses for an additional year. Nurse residency programs are the newest trend provided by health care organizations to recruit new nurses and facilitate staff nurse development. Another program that is being piloted for the Department of Nursing at Mayo Clinic in Rochester, Minnesota is called a clinical coach program. Again, this program is intended to assist novice nurses acquire skills and knowledge when confronted with new situations in the clinical realm. The clinical coach program is intended to foster confidence and increased satisfaction for the novice nurse rather than provide ongoing guidance and support throughout a nurse's career.

The nurse residency program and the clinical coach program are of benefit to the Department of Nursing at Mayo Clinic in Rochester, Minnesota but may hinder the implementation of a nurse mentoring program due to limited financial resources. All of these programs will require funding of some type to provide the personnel and technology to implement the program. Although the nurse residency program and a clinical coach program are of value to nurses, a nurse mentoring program is quite different from these programs in its application and goals. A nurse mentoring program is utilized throughout a nurse's career rather than only being useful at the beginning of a nurse's employment. In addition, the goals and objectives of a nurse mentoring program foster personal and professional growth, not just skill and knowledge acquisition. If financial resources are available, it would be wise to invest in a nurse mentoring program so that nurses in all stages of career development can take advantage of the many benefits and opportunities available in a nurse mentoring program.

Another possible barrier to implementation of a nurse mentoring program is that Mayo Clinic does have an existing mentoring program. However, Mayo Clinic's current mentoring program is designed to support leadership development, specifically, and to attract and build a diverse group of leaders to meet organizational needs (Mayo Foundation for Medical Education and Research, 2002). This mentoring program is not offered to staff nurses. Thus, the scope of the current mentoring program at Mayo Clinic is quite specific and limited to personnel in administrative leadership positions. Even though Mayo Clinic's current mentoring program is not available to most employees, the existence of this program could make it difficult for administration to support the addition of another mentoring program.

Insights Gained

There are many resources available related to the subject of mentoring. In fact, the literature and research on this topic can be overwhelming. It was necessary to peruse many journal articles to identify those that most closely aligned with the project scope and objectives. Also, at the outset of this project, it was hoped that an actual nurse mentoring program that outlined specific goals, objectives, and processes would be developed during the course of this project. However, it was realized that this plan was not going to be actualized. An effective and comprehensive nurse mentoring program must include opinions and perspectives from multiple nurses and even other departments rather than just one nurse to provide the greatest opportunity for success. Thus, the initial plan for this project had to be revised. Even though a ready-to-use nurse mentoring program was not able to be shared, a specific outline for developing and implementing a nurse mentoring program was presented. It is hoped that this outline will prove useful

and guide nurses who are passionate about moving forward with the implementation of a nurse mentoring program at Mayo Clinic in Rochester, Minnesota.

Conclusion

The process for developing and obtaining approval for a nurse mentoring program for the Department of Nursing at Mayo Clinic may be a long and arduous journey. However, multiple researchers and authors have substantiated the gains that can be realized with the implementation of a mentoring program. Thus, persons interested in pursuing this endeavor should persevere and maintain their commitment and passion to the process. It needs to be understood there will be challenges and barriers. Also, an ability to compromise and be flexible during program development will be necessary. In addition to the goals and objectives set by the persons directly involved with program development, key stakeholders will want an opportunity to provide input and suggestions to ensure their goals and objectives are met. However, by developing a comprehensive nurse mentoring program, one that meets the needs of individual participants, the Department of Nursing at Mayo Clinic in Rochester, Minnesota will have the greatest chance for viability and success.

A nurse mentoring program utilizing Watson's Theory of Human Caring as the framework can have a profound impact on many different people and situations within the Department of Nursing. As cited by Williams, Kautz, and McDowell (2011), Wesoric states

every human being has a great, yet often unknown, gift to care, to be compassionate, to become present to the other, to listen, to hear, and receive. If that gift would be set free and made available, miracles could take place. (p.35)

Caring mentorship could elevate the participants to new levels of understanding and authenticity and could be the method to create those same miracles.

Chapter Five: Conclusions, Implications, and Plans for the Future

The process of mentoring is not a new concept in the world of business or health care. Mentoring is not even a new concept at Mayo Clinic. Mayo Clinic offers mentoring to employees who have accepted new positions in high-level leadership; unfortunately, that is where the opportunity to participate in Mayo Clinic's mentoring process ends.

Developing and implementing a nurse mentoring process for the Department of Nursing at Mayo Clinic in Rochester, Minnesota that proves to be successful, could transform Mayo Clinic's commitment to the mentoring philosophy and substantiate Mayo Clinic's potential investment in the mentoring process for multiple areas within the organization not just for leadership positions. Demonstrating gains to individuals, departments, and the organization could provide the evidence needed to facilitate implementation of mentoring programs in other areas within the organization and allow the mentoring process to be available to all individuals who desire additional support and guidance.

Possible Future Expansion of the Nurse Mentoring Program

The hope for this project is that the process to develop and implement a mentoring program is replicated throughout many areas at Mayo Clinic or even other health care organizations outside of the Mayo Clinic network. First, the nurse mentoring program would be implemented within the nursing departments at the remaining affiliated Mayo Clinic sites in both the inpatient and outpatient settings. This would include Mayo Clinic in Jacksonville, Florida, Mayo Clinic in Scottsdale, Arizona, and all Mayo Clinic Health System sites. Second, the nurse mentoring program could be utilized in other non-nursing departments within Mayo Clinic in Rochester, Minnesota. Some potential users might be the pharmacy department, physical therapy department, or social services

department. Leadership and interested persons committed to the development of a mentoring program could revise the content of the program to best fit the needs of the department but follow the format identified to design and implement a mentoring program. Finally, nursing departments or other disciplines at different health care organizations could assimilate this process.

Future Research Opportunities

There are many variables in a nurse mentoring program that could be researched to provide additional information about the mentoring process and advantages and disadvantages of various types of programs. It would be helpful to obtain statistics and information about the mentor and mentee before, during, and after implementation of a nurse mentoring program; evaluations could occur at 6 months and every year thereafter for as long as the mentoring relationship continues. Specific statistics cited in this paper are from 2008 and are not related to the nursing profession. Although the statistics cited are valuable, data from an actual department of nursing would further substantiate advantages for implementation of a nurse mentoring program.

A suggestion for another research project is one that would compare and analyze the advantages and disadvantages of nurse orientation programs, nurse residency programs, and nurse mentoring programs. Questions to be addressed include; (a) Do each of the programs provide similar benefits? (b) What are the costs to implement each program? (c) Does the financial obligation outweigh the benefits realized? (d) Can all three programs be implemented within the same organization? (e) How do the three programs differ in scope, objectives, and advantages and disadvantages? Although there was literature that highlighted and described each of these programs, there was no research

that compared and contrasted the programs or evaluated use of all three programs in one department of nursing. Evaluating nurse orientation programs, nurse residency programs, and nurse mentoring programs could assist health care organizations determine which program provides the most gain for the financial obligation to maintain the program.

An additional research project specific to the implementation of a nurse mentoring program for the Department of Nursing at Mayo Clinic in Rochester, Minnesota could evaluate information to determine demographic data and user information. Demographic data could be obtained from the mentee and mentor profile forms. This information would allow the nurse mentoring committee to focus and revise the program based upon who is participating in the nurse mentoring program and why. Some criteria that could be collected includes (a) age of participants, (b) years of experience, (c) current nursing degree, (d) years of employment with Mayo Clinic, (e) reason participant is engaging in the nurse mentoring program, (f) benefits realized. The mentee and mentor surveys contain additional questions that could be analyzed to obtain further data.

Although there has been research completed to support the use of mentoring programs, additional research related to mentoring in health care or specifically to the implementation of a nurse mentoring program for the Department of Nursing at Mayo Clinic in Rochester, Minnesota would be valuable. Because companies and health care organizations have limited budgets for employee development, information and data that guides companies and health care organizations to implement the most efficient and effective program to achieve the greatest reward will be of significant worth and appreciated. It would be rewarding to contribute to the pool of knowledge that already

exists related to the process of mentoring by conducting research specific to the nursing profession.

Implications for Advanced Practice Nursing and Transformational Leadership

The implication of a nurse mentoring program for advanced practice nursing and transformational leadership is significant. Participants in the nurse mentoring program will acquire professional and personal benefits that will carry with them into future career opportunities. Involvement in a nurse mentoring program may groom potential future leaders to assist in succession planning for the Department of Nursing. Because research indicates that values and the professional culture of an organization are supported with participation in a mentoring program, the mentees will have a better comprehension of behaviors and thought processes desired as they move into management and administrative positions. Current nurse leaders who participate in the nurse mentoring program will have the opportunity to guide mentees and assist in shaping the future of the Department of Nursing. It is hoped that when mentors show genuine concern, authentic caring, and attentive listening during interactions with mentees, these transformational leadership characteristics will have a lasting impression on mentees. In turn, the mentees will be able to replicate this same behavior when it is their time to be a mentor. Thus, the learned behaviors will repeat themselves over and over fostering future transformational leaders.

Future Implications for Watson's Theory of Human Caring

More and more there seems to be an increased emphasis on caring and the importance of treating others with genuine care and respect in the hospital setting. As the Department of Nursing at Mayo Clinic in Rochester, Minnesota adopts a nurse mentoring

program with Watson's Theory of Human Caring as the supporting foundation, it is hoped that a kinder and more accepting environment will be perceived by all who interact with nurses and other staff affiliated with the Department of Nursing. This, in turn, could impact other departments such as pharmacy, medical doctors, and even housekeeping staff. A ripple effect could ensue and change interactions between multiple departments and other health care organizations. Although this might seem grandiose in vision, there is the potential for a caring phenomenon to expand to other areas in the hospital and even society. As Watson (2008) states "a Caring Science orientation moves humanity closer to a moral community, closer to peaceful relationships with self-other communities-nations, states, other worlds, and time" (p. 17).

Conclusion

Mentoring is a wonderful gift that is exchanged between two individuals; however, mentoring also provides valuable benefits to organizations. Increased employee satisfaction, retention, loyalty, and commitment to the goals and values of the organization are just a few of the benefits that have been achieved with utilization of mentoring programs. In addition, a nurse mentoring program could improve recruitment of nurses since the opportunity to participate in a mentoring relationship is a desired development opportunity many new employees (State of New Hampshire, 2008). Developing a nurse mentoring program for the Department of Nursing at Mayo Clinic in Rochester, Minnesota utilizing Jean Watson's Theory of Human Caring as the supporting foundation, would be a worthwhile investment for the nurses at Mayo Clinic and the Department of Nursing. In addition to the benefits previously identified, health care organizations that have implemented mentoring programs have realized improved patient

outcomes. These benefits are significant as they can impact the health care environment. Improved patient outcomes will decrease the length of hospital stays. Fewer days in the hospital ultimately decreases the financial burden placed on society to manage our health care costs.

There is much literature devoted to the topic of mentoring. In addition, there are projects and programs that have utilized Jean Watson's Theory of Human Caring as a basis for mentoring. Overall, the information and data gleaned from the literature and research has been positive and supports the use of mentoring within a caring framework. Thus, implementing a nurse mentoring program with the Theory of Human Caring as the supporting framework would be an ideal combination. Watson's theory identifies that the caring behaviors demonstrated by the caregiver are vital to the health, healing, and overall well-being of the person being cared for. This paper posits that the caring behavior demonstrated by the mentor is an essential element in the success of a nurse mentoring program and in the professional and personal growth of the mentee.

Mentoring is important throughout a professional nurse's career. Leaders and health care organizations have a responsibility to promote effective mentoring at all levels. An effective nurse mentoring program can benefit a nursing department by aiding in retention, job satisfaction, and professional development. All of these benefits will ultimately improve the quality of bedside nursing and patient outcomes (Race & Skees, 2010, p.173).

Nursing is a challenging and demanding career. The Department of Nursing at Mayo Clinic in Rochester, Minnesota would be prudent to invest in the future of its nurses by providing a nurse mentoring program supported by Jean Watson's Theory of Human

Caring. Although there will be many hours devoted to developing and implementing a nurse mentoring program, the benefits realized can far outweigh the effort and time necessary to achieve this goal. The time is now to invest in the future of nurses at Mayo Clinic in Rochester, Minnesota.

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Appendix A

Suggested Orientation/Training Curriculum Outline

An effective orientation and training curriculum could include some or all of the following:

- Explain “What’s in it for me?” Identify the benefits of participation in the nurse mentoring program for mentors, mentees, the Department of Nursing, and Mayo Clinic
- Describe the roles and responsibilities of mentors, mentees, supervisors, and the nurse mentoring committee
- Review program guidelines
- Identify a suggested length of time for the mentoring relationship and the predictable phases of a mentoring relationship
- Establish goals for the mentoring process
- Create a learning contract
- Share examples of learning or mentoring activities
- Identify how the mentoring process will be evaluated from the perspective of the mentor and the mentee
- Share what reporting information will be used in evaluating the effectiveness of the mentoring program/process
- Describe how the participants will be supported and recognized
- Allow for questions and answers regarding all aspects of the program

(Adapted from State of New Hampshire, 2008)

Appendix B

Suggested Purpose, Objectives, and Goals**Purpose of Nurse Mentoring Program:**

The purpose of the nurse mentoring program is to facilitate personal and professional growth of the participants to promote career development and to enhance the Department of Nursing goals for educational and professional development of nursing personnel.

Objectives of Nurse Mentoring Program:

1. The nurse mentoring program will provide an opportunity for all nurses in the Department of Nursing in Rochester, Minnesota to obtain support and guidance during desired periods in their nursing career.
2. The nurse mentoring program will have departmental support and be coordinated by the nurse mentoring committee with oversight by the Office of Nursing Placement and Career Development.

Goals of Nurse Mentoring Program:

1. The nurse mentoring program participants will identify value in the nurse mentoring program.
2. The nurse mentoring program mentees will identify increased job satisfaction, social connectedness, confidence, and an increased perception of feeling valued in the organization.
3. The nurse mentoring program mentees will substantiate an increased understanding of the organization's mission, vision, and values.

4. Nursing units participating in the nurse mentoring program will show improved patient outcomes related to nurse sensitive interventions (IE pressure ulcers, falls, and urinary catheter acquired infections).
5. Nurses participating in the nurse mentoring program will have higher rates of retention as compared to nurses who have not participated in the nurse mentoring program.

Appendix C

Mentee Profile

Personal Information: Age _____ Sex: Female _____ Male _____

Education for preparation as a registered nurse:

_____ Diploma _____ Doctorate Degree in Nursing
_____ Associate Degree _____ Other - Please Indicate: _____
_____ Baccalaureate Degree in Nursing

Practice Setting: _____

Current Position: _____

Is this your first position as a registered nurse? Yes _____ No _____

List your employment history as a registered nurse:

Please list any special interests you have:

How would you like the nurse mentoring program to benefit you?

(Adapted from Academy of Medical-Surgical Nurses, 2012)

Appendix D

Mentor Profile**Personal Information:** Age _____ Sex: Female _____ Male _____

Education (check highest degree achieved):

_____ Diploma	_____ Masters Degree in Nursing
_____ Associate Degree	_____ Masters Degree in other field
_____ Baccalaureate Degree in Nursing	_____ Doctoral Degree in Nursing
_____ Baccalaureate Degree in other field	_____ Other – Please indicate:

Certification(s): _____

Practice Setting: _____

Current Position: _____ Clinical Practice Specialty _____

Years in Nursing _____

Have you mentored other nurses? _____ Yes _____ No

Please Describe: _____

How did you become involved with the nurse mentoring program?

_____ Volunteered to be a mentor _____ Asked to be a mentor

How do you hope to benefit from this program?

How do you expect your mentee to benefit from this program?

What personal characteristics do you have that will contribute to your ability to mentor a nurse? _____**Please list any special interests you have:** _____

(Adapted from Academy of Medical-Surgical Nurses, 2012)

Appendix E

Pre-Program Mentee and Mentor Survey

Mentee Participant – Please circle your level of agreement with the following statements using the identified scale:

	1 Strongly Disagree	2 Disagree	3 Neither Agree nor Disagree	4 Agree	5 Strongly Agree
1. I am satisfied with my job.				1	2 3 4 5
2. I feel socially connected in the workplace.				1	2 3 4 5
3. I am confident in my abilities and responsibilities in caring for patients.				1	2 3 4 5
4. I am certain of my career path.				1	2 3 4 5
5. I feel valued in this organization.				1	2 3 4 5
6. I have a good understanding of the organization's mission, vision, and values.				1	2 3 4 5
7. I am secure in my knowledge and the technical skills necessary to practice nursing.				1	2 3 4 5
8. There is a need for mentoring in the Department of Nursing.				1	2 3 4 5

Appendix F

Mid and Post Program Mentee Feedback and Evaluation Form

Mentee Participant - Please circle your level of agreement with the following statements using the identified scale:

	1 Strongly Disagree	2 Disagree	3 Neither Agree nor Disagree	4 Agree	5 Strongly Agree
1. I am satisfied with my job.				1	2 3 4 5
2. I feel socially connected in the workplace.				1	2 3 4 5
3. I am confident in my abilities and responsibilities in caring for patients.				1	2 3 4 5
4. I am certain of my career path.				1	2 3 4 5
5. I feel valued in this organization.				1	2 3 4 5
6. I have an understanding of the organization's mission, vision, and values.				1	2 3 4 5
7. I am secure in my knowledge and the technical skills necessary to practice nursing.				1	2 3 4 5

Please circle your level of agreement with the following statements using the identified scale:

	1 Not Valuable	2 Minimally Valuable	3 Somewhat Valuable	4 Very Valuable	5 Extremely Valuable
1. The Nurse Mentoring Program is/was valuable to me.				1	2 3 4 5
2. Based on my perception, the Nurse Mentoring Program is/was valuable to my mentor.				1	2 3 4 5
3. Overall quality of the Nurse Mentoring Program.				1	2 3 4 5
4. I feel the Nurse Mentoring Program is valuable to the Department of Nursing as a whole.				1	2 3 4 5

Additional Comments/Recommended Changes

Mid and Post Program Mentor Feedback and Evaluation Form

Mentor Participant - Please circle your level of agreement with the following statements using the identified scale:

	1	2	3	4	5
	Strongly Disagree	Disagree Agree nor Disagree	Neither Agree	Agree	Strongly
1. I understand/understood my responsibilities in the mentoring relationship.	1	2	3	4	5
2. I am/was able to meet with my mentee at regular intervals to work on goals and objectives.	1	2	3	4	5
3. There is/were adequate resources available to assist in the mentoring process.	1	2	3	4	5
4. I feel valued in the organization.	1	2	3	4	5
5. I will choose to be a mentor in future opportunities in the mentoring program.	1	2	3	4	5

Please circle your level of agreement with the following statements using the identified scale:

	1	2	3	4	5
	Not Valuable	Minimally Valuable	Somewhat Valuable	Very Valuable	Extremely Valuable
1. The Nurse Mentoring Program is/was valuable to me.	1	2	3	4	5
2. Based on my perception, the Nurse Mentoring Program is/was valuable to my mentee.	1	2	3	4	5
3. Overall quality of the Nurse Mentoring Program.	1	2	3	4	5
4. I feel the Nurse Mentoring Program is valuable to the Department of Nursing as a whole.	1	2	3	4	5

Additional Comments/Recommended Changes:

Augsburg College
Lindell Library
Minneapolis, MN 55454